

KANSAS MEDICAID STATE PLAN

Rev. 10/86

Provider No. _____

SCHEDULE A

<u>Fiscal Year</u> _____ <u>Budget</u>	<u>AMOUNT</u>	<u>SOURCE</u>
1. Total Budget Expenditures	_____	DA406R Line 40
<u>General Adjustments</u>		
<u>Additions:</u>		
2. Allocation of Agency 528	_____	_____
3. Mental Hospital Training Fund	_____	_____
4. Department of Administration	_____	_____
5. Depreciation Expense	_____	_____
6. Other: _____	_____	_____
7. Other: _____	_____	_____
8. Other: _____	_____	_____
<u>Subtractions:</u>		
11. Capital Improvements	(_____)	DA406R Line 37
12. Capital Outlays	(_____)	DA406R O.C. 400
13. Non-expense Items	(_____)	DA406R O.C. 700
14. Other: _____	(_____)	_____
15. Other: _____	(_____)	_____
16. Other: _____	(_____)	_____
20. Total Medicaid Expenditures	_____	_____
<u>Non-Patient Related Expenditures</u>		
21. SRS Area Office	(_____)	_____
22. Sheltered Living	(_____)	_____
23. _____	(_____)	_____
24. _____	(_____)	_____
25. _____	(_____)	_____
30. Patient Related Expenditures	_____	_____

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30A. Patient Related Expenditures

Revenue

	Total Revenue	Revenue Offset	
31. Educ. & Librarian	_____	(_____)	DA404R S.C. 2050
32. Care & Hospital	_____	(_____)	DA404R S.C. 2080
33. Sale of Equipment	_____	(_____)	DA404R S.C. 2260
34. Meals & Food	_____	(_____)	DA404R S.C. 2270
35. State Build Space	_____	(_____)	DA404R S.C. 3130
36. Curr Exp Recovery	_____	(_____)	DA404R S.C. 8211
37. Prior Exp Recovery	_____	(_____)	DA404R S.C. 8901
38. _____	_____	(_____)	_____
39. _____	_____	(_____)	_____
40. _____	_____	(_____)	_____
41. _____	_____	(_____)	_____
49. Total Revenue Offset	_____	(_____)	_____

50. Net Patient Related Expenditures

Non-Reimbursable Expenses

51. Foster Grandparent Program	(_____)	_____
52. Clothing for Residents	(_____)	_____
53. Barber Salary & Fringe	(_____%)	_____
54. Cosmetologist Salary & Fringe	(_____%)	_____
55. Chaplin Salary & Fringe	(_____%)	_____
56. Religious Items and Services	(_____)	_____
57. _____	(_____)	_____
58. _____	(_____)	_____

60. Net Reimbursable Expenditures

Education Expense

61. Special Educ Contracts	(_____)	_____
62. Special Educ Non-contract	(_____)	_____
63. Maint. Salary & Benefits	(_____)	_____
64. Utilities	(_____)	_____
65. Repair & Maintenance	(_____)	_____
66. Maintenance Supplies	(_____)	_____
67. Depreciation	(_____)	_____
68. Telephone	(_____)	_____
69. _____	(_____)	_____
70. Total Education Expense	(_____)	_____

75. Net Non-Educational Expenditures

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75A. Net Non-Educational Expenditures _____

Other

76. _____
77. _____
78. _____

80. Total Allowable Expenditures _____

AGENCY USE ONLY

SRS Audit Section Adjustments

81. _____
82. _____
83. _____
84. _____
85. _____
86. _____
89. Total SRS Adjustments _____

90. Total Adjusted Allowable Expenditures _____

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Schedule B

	<u>AMOUNT</u>	<u>SOURCE</u>
1. Total Salaries and Wages	_____	DA406R O.C. 100
<u>Adjustments</u>		
2. Foster Grandparent Program	(_____)	_____
3. Barber	(_____)	_____
4. Cosmetologist	(_____)	_____
5. Chaplin	(_____)	_____
6. Education	(_____)	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. Total Allowable Salaries & Wages	_____	_____
<u>AGENCY USE ONLY</u>		
<u>SRS Audit Section Adjustment</u>		
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. Total SRS Adjustments	_____	_____
20. Total Adjusted Salaries & Wages	_____	_____